

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO.	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL DEP.		←		←		←
TOTAL STAMP						